



DEPARTMENT OF HEALTH & HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development
APPLICATION FOR THE CONTRACEPTION AND INFERTILITY RESEARCH
LOAN REPAYMENT PROGRAM (CIR-LRP)
LOAN VERIFICATION (Form 2756-2)

Section A - The Applicant Completes This Section. (Please type or print.)**Applicant Instructions:**

You must complete one of these forms and submit a copy of the original promissory note for each loan you wish to be considered for repayment. Any loan information requested on this form that is duplicative of information located in the promissory note need not be provided. You must also attach a standard student budget for each school attended for which you are requesting loan repayment (see Instructions to Applicant.) **Send this form along with promissory notes and student budgets to:** Marc Horowitz, Director, Office of Loan Repayment and Scholarship, OD, NIH, 2 Center Drive Rm 2E30-MSB 0230, Bethesda, MD 20892-0230. DO NOT forward to lender. Section A authorizes your lender to verify in Section B, the information about the educational loan you described here and disclose its purpose and amount to NIH. All materials submitted become the property of the Federal Government and shall not be returned. **NOTE: (see 2756-1)**

1. Applicant's Name (Last, first, middle)		2. Social Security No. (Giving your Social Security number (SSN) is voluntary; however, it is necessary for processing your application. Please see the Privacy Act information in this package.)	
3. Loan Account Number		3b. Name and address of servicing agent of the loan to whom payments are sent (if different from item 3a)	
3a. Name and address of lending institution/holder of the loan (i.e., bank, educational institution)			
4. Original Amount of the Loan	5. Current Balances 5a. Principal _____ as of (date) _____ 5b. Interest _____ as of (date) _____		
6. Current Loan Status 6a. Deferment from (dates) _____ until _____ <input type="checkbox"/> Check if interest-bearing 6b. Forbearance from (dates) _____ until _____ <input type="checkbox"/> Check if interest-bearing 6c. Repayment began (date) _____			
7. Are your payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Monthly Payment Amount		9. Interest Rate of Loan _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Simple <input type="checkbox"/> Compounded
10. Purpose of loan		11. Name of Federal or State program under which loan was received (e.g., Guaranteed Student Loan [GSL], Stafford Loan, Health Education	

12. Certification by Applicant/Borrower

I hereby apply to enter into an agreement with the Secretary of HHS for repayment of the educational loan listed above, incurred solely for the costs of education, including reasonable living expenses. I hereby certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the

Program Fraud Civil Remedies Act of 1986.

I hereby authorize the lending institution, servicing agent, and/or institutional program named above to release information about my loan to the administrators of the NICHD Contraception and Infertility Research Loan Repayment Program (CIR-LRP) and to other authorized Government officials. This authorization shall remain in effect during my application and participation in the CIR-LRP and 90 days after completion of CIR-LRP contracted service.

Signature of Applicant

Date

Section B - The lending institution/servicing agent completes this section.

Lender/Servicer's Instructions: Please verify the information in Section A, indicating any corrections next to the item(s) in question. Complete Section B and return this form, using the return envelope provided, as directed by the cover letter. Questions? Call (800) 528-7689.

Name and Title of Authorized Official for the Lending Institution PLEASE PRINT

Lending Institution/Servicing Agent's Certification

The undersigned states that, to the best of his or her knowledge, the loan identified above is a bona fide legally enforceable institutional, State, or Government educational loan made for the purpose of meeting the borrower's costs of attending a college or university, and that the information provided in Section A is correct.

Federal Tax Identification Number or EIN (Required for sending payments)

Signature

Date